The tumor was found on examination to be a gumma, having originated in a lymph gland, and affecting the parotid secondarily. The enlarged glands were the result of chronic inflammatory hyperplasia. The syphilis was found in this case to be hereditary. According to Schüller, gumma of the parotid is of the rarest occurrence. The author was unable to find mention of a single such hereditary case in works on syphilis and surgery.

The wound healed by first intention, and the patient remained healthy. Facial paralysis did not follow.

THE OPERATIVE TREATMENT OF GASTRIC ULCER.

KÜSTER reports the case of a woman aged twenty-one years upon whom he operated for frequent and severe hemorrhage from the stomach (*Centralbl. für Chir.*, 1894, No. 30). Upon exposing the stomach it was found much dilated. On incising its wall a large, deep ulcer, with undermined edges, was to be seen in the posterior surface. The ulcer, which was adherent to the pancreas, was burnt with the thermo-cautery. As the pyloric orifice was so small that it could not be found readily, it was decided to perform gastro-jejunostomy, the opening being made two and one-half inches in width. The patient recovered, and when last seen there had been no recurrence of the hemorrhages. She was able to take her usual food and to work with comfort.

Küster draws the following conclusions from this case:

1. Hemorrhage from a gastric ulcer may be arrested by a single application of the actual cautery.
2. When the gastric ulcer is situated near the pylorus, gastro-enterostomy is preferable to pyloroplasty, as the latter will not prevent cicatricial contraction and stenosis.
3. A wide anastomotic opening between the stomach and intestine is in no sense a disadvantage, but, on the contrary, will insure the patient against the risks of undue contraction later.

RUPTURED INTESTINE FROM ACCIDENT; LAPAROTOMY; SUTURE OF GUT; RECOVERY.

THOMAS records the following case (*British Medical Journal*, 1894, No. 1747): Woman, aged fifty-five years, while carrying a chair, inadvertently struck the door-post, bringing her abdomen into violent contact with the chair. This caused severe pain, and she vomited immediately afterward; the symptoms continued in an aggravated form. As she had been operated upon four years previously for a strangulated femoral hernia, and as a small lump was apparent at the site of the old scar, it was thought that there had been a recurrence of the hernia. On cutting down at this point the lump was found to be the sac of the old hernia; but a few ounces of putrid serum escaped, which indicated a rupture of the intestine. The femoral sac was ligated, and the wound thoroughly carbolized. A two-and-a-half inch incision was next made below the umbilicus, through which the intestine was examined. A small opening, one-quarter by three-quarters of an inch, was found on the side opposite the mesentery. This was closed with Lembert sutures. Recovery was prompt and uneventful.

The following are the interesting features of the case: 1. The slight accident. 2. The opportunity presented for examining a case of radical cure of hernia. 3. The absence of symptoms in so severe a case of septic peritonitis, only distention and tenderness being present. 4. The intense fecal odor of the serum that escaped from the femoral wound made the diagnosis of ruptured intestine certain. 5. The use of carbolic lotion (1 : 100) on account of the great septicity, without any untoward result. 6. The bowel being normal around the aperture made the suggested tearing away of bowel adherent to the site of radical cure improbable.

The Cause and Treatment of the Neuralgias of Scars and Stumps.

In continuation of his researches in these troublesome forms of neuralgia, **Witzel** (*Centralbl. für Chirurg.*, 1894, No. 23) states that his experience in the dissection of stumps shows that the bulbous enlargement of the distal nerve-ends is normal in all cases, and is not found alone in cases where neuralgia is present. He therefore believes that these so-called neuromatas are not the cause of the neuralgic pain. He would attribute this to the fixation of the nerve preventing its movement in the direction of its longitudinal axis, and in cases which he cites he found the nerve bound down and this motion restricted. The releasing, drawing down, and excision of a portion of the nerves produced permanent relief. He advises as a prophylactic measure the drawing down and section with a sharp knife of all large nerve-trunks in amputations or disarticulations, while primary union without suppuration tends, by reducing the amount of irritation and scar tissue, to diminish the liability to neurotic involvemnt.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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Drainage of the Eye.

Pflueger (Berne) holds (*La Semaine Médicale*, 14 Ann., No. 46) that drainage of the eye, with or without antiseptic injections, is indicated in grave infection of the anterior chamber, in kerato-conus, in recent detachment of the retina, and in confirmed glaucoma. To maintain drainage, he has used a small piece of rubber cut in the form of a cross, of which one short arm is, after paracentesis, thrust about two millimetres into the anterior chamber. The other arms are introduced and fixed beneath the conjunctiva. When it is necessary to practise washing out of the anterior chamber the